



REPORTING AN UPDATE TO CURRENT SECURITY WORKER LICENCE

The Security Services Act (Section 9) requires that you inform the Registrar, Security Services Act, of the following changes within 14 days of the change occurring:

- a change in residential address • a criminal conviction • a new criminal charge

CURRENT LICENCE:

Security Worker Licence #: \_\_\_\_\_ Expiry date: \_\_\_\_\_ YYYY / MM / DD

NAME: (as shown on current licence) \_\_\_\_\_ SURNAME LEGAL GIVEN NAME MIDDLE NAME

PART 1

Check all that apply, provide the details and required attachments. Any information you provide in Part 1 will not alter the actual face of your licence, just your records with the Registrar.

CONTACT INFORMATION CHANGE:

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email: \_\_\_\_\_

NEW ADDRESS:

(REQUIRED IF DIFFERENT THAN THE ONE CURRENTLY ON FILE WITH THE REGISTRAR):

Street City Province Postal Code

NEW CRIMINAL CHARGES HAVE BEEN LAID AGAINST ME. THE DETAILS ARE:

I HAVE BEEN CONVICTED OF AN OFFENCE. THE DETAILS ARE:

I HOLD A POSITION WITH PEACE OFFICER STATUS. I HAVE ATTACHED A LETTER FROM MY SUPERIOR.

I AM BEING TREATED FOR A MENTAL HEALTH CONDITION. I HAVE ATTACHED THE MENTAL HEALTH CONDITION FORM (SPD0511) COMPLETED BY MY PHYSICIAN.

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## PART 2

Information you provide in this part will alter the actual face of your licence; therefore, a new licence will be generated and mailed to you. While information you may provide in part one has no fee attached, any change you provide below, in Part 2, carries a flat fee of \$20 to cover the licence print and mail out.

The expiry date of your current licence WILL NOT change.

NOTE: If your current licence is to expire within 30 days, you should use the "Application for Renewal of Security Worker Licence" form (#SPD0505).

### New legal name:

No  Yes I have a new legal name.

If 'yes', please provide name below and confirm you will attach documentation:

SURNAME:

LEGAL GIVEN NAME:

MIDDLE NAME:

Yes, I have attached documentation showing legal name change.

LICENCE TYPE: Check off **only** the licence types you are qualified for and wish to be indicated on your licence, including one currently on the licence if you wish to continue providing that security service; AND attach all required documentation supporting your training and qualification for any new licence types you wish added to your licence as outlined in the 'guide'.

ARMoured CAR GUARD

SECURITY ALARM RESPONSE

PRIVATE INVESTIGATOR - UNDER SUPERVISION

ELECTRONIC LOCKING DEVICE INSTALLER

SECURITY ALARM SALES

SECURITY ALARM INSTALLER - UNDER SUPERVISION

CLOSED CIRCUIT TELEVISION INSTALLER

PRIVATE INVESTIGATOR

SECURITY ALARM INSTALLER

LOCKSMITH

SECURITY CONSULTANT

SECURITY ALARM MONITOR

- UNDER SUPERVISION

SECURITY GUARD

LOCKSMITH

BODY ARMOUR SALES

(Licence type Security Guard Under Supervision (90-day term) may not be added to your licence using this form. If you wish to apply for this type, use form #SPD0520)

### Dogs and restraints:

Answer 'no' or 'yes' to the following (for dog use authorization, check off purpose). Attach proof of training.

No  Yes I request authorization to use DOGS for my security guard work for the purpose of:

protection  detection-drugs  detection-explosives

*Attach a copy of your current Validation Certificate.*

No  Yes I request authorization to carry and use RESTRAINTS (HANDCUFFS only):

*Attach a copy of current Certificate of Advanced Security Training.*

### New photograph:

No  Yes I wish to update the photo on my current licence. If yes, the photo you provide with this form must have been *taken within the last 12 months and must be passport quality.*

### Payment:

No fee is required if you only had to update information in Part 1 of this form.

If you have had to update information listed under Part 2 of this form, a flat fee of \$20 must be provided.

Check off how you will be providing payment:

BANK-ISSUED CERTIFIED CHEQUE OR MONEY ORDER IN THE AMOUNT OF \$20, MADE PAYABLE TO THE MINISTER OF FINANCE

CREDIT CARD   USE AUTHORIZATION FOR CREDIT CARD USAGE FORM (SPD0508)

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

YYYY / MM / DD

**DISCLOSURE:** All information regarding this application is collected under the Security Services Act and its Regulations and will be used for that purpose. The use of this information will comply with the Freedom of Information and Privacy Act and the Federal Privacy Act. If you have questions regarding the collection or use of this information, contact 1-855-587-0185.